



Patent Application
Attorney Docket No. 58777.000003

AF 14
ation 16.6 (3)
0003
JRW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

**NOTICE OF APPEAL AND
PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)**

Applicant hereby appeals to the Board of Patent Appeals and Interferences the final rejection (mailed January 16, 2004) of claims 6-16 in the above-captioned patent application.

Submitted herewith is a check for \$880.00, of which \$530.00 is for the three-month extension of time and \$330.00 of which is for the Notice of Appeal fee. Any deficiency in or overpayment of this fee should be charged or credited to Deposit Account No. 50-0206.

PETITION FOR EXTENSION OF TIME

Applicant respectfully petitions the Commissioner of Patents and Trademarks for a three-month extension of time to respond to the Final Office Action mailed January 16, 2004. Applicant paid an extension fee of \$420.00 on June 15, 2004 and therefore subtracts that amount from the \$950.00 currently due.

07/19/2004 SZEWIDIE1 00000070 09752724

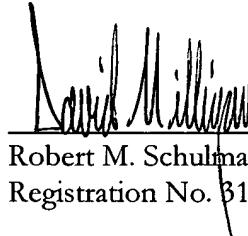
01 FC:1401
02 FC:1253
03 FC:9998

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206.

Dated: July 16, 2004

By:

Respectfully submitted,



Robert M. Schulman
Registration No. 31,196

David H. Milligan
Registration No. 42,893

HUNTON & WILLIAMS LLP
Intellectual Property Department
1900 K Street, N.W., Suite 1200
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(202) 955-1500 (telephone)
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RMS/DHM/cbt



Patent Application
Attorney Docket No.: 58777.000003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Masafumi KITAKAZE

Serial No.: 09/752,724

Filed: January 3, 2001

) Group Art Unit: 1653

) Examiner: Rita Mitra, Ph.D.

For: TREATMENT OR PROPHYLAXIS OF ISCHEMIC HEART DISEASE

TRANSMITTAL LETTER

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following are enclosed for consideration in the above-identified application:

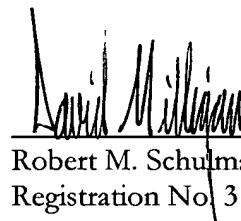
		FEE
<input type="checkbox"/>	Response to Notice to File Missing Parts	\$
<input type="checkbox"/>	Response to Final Office Action dated []	\$
<input type="checkbox"/>	Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/>	Submission of Formal Drawings	\$
<input type="checkbox"/>	Informal Drawings: ___ Sheets ___ Figures	\$
<input type="checkbox"/>	Information Disclosure Statement	\$
<input type="checkbox"/>	Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/>	Request for Extension of Time [Third-Month]	\$530.00
<input type="checkbox"/>	Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input checked="" type="checkbox"/>	Notice of Appeal	\$330.00
<input type="checkbox"/>	Appeal Brief	\$
<input type="checkbox"/>	Request for Oral Hearing	\$
<input type="checkbox"/>	Reply Brief	\$
<input type="checkbox"/>	Terminal Disclaimer	\$
<input type="checkbox"/>	An additional claim fee is required, and is calculated as shown below	\$
TOTAL FEES BEING SUBMITTED		\$880.00

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	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims			0	x \$18.00	\$.00
Independent Claims			0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE				\$.00	
SMALL ENTITY TOTAL (if applicable)				\$.00	

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,



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